

# Department of Accounts Reportline Request Form

<b>Date</b> _____ / ____ / ____ <b>Logon ID</b> <i>(7 to 9-Character/Alpha-Numeric)</i> _____  <b>Your Agency Number</b> _____  <b>Name</b> _____ <div style="text-align: center; font-size: small;"> <i>First</i> <span style="margin: 0 50px;"><i>Middle</i></span> <span><i>Last</i></span> </div> <b>Signature</b> _____ <b>E-mail Address</b> _____ <b>Telephone</b> _____	<b>User Type</b> <i>(check one)</i> <div style="margin-top: 10px;"> <input type="checkbox"/> Agency User  <input type="checkbox"/> Agency Security Officer         </div> <b>Action</b> <i>(check one)</i> <div style="margin-top: 10px;"> <input type="checkbox"/> New  <input type="checkbox"/> Change  <input type="checkbox"/> Delete         </div>
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**Approved Agencies—List individual agency numbers**

_____  _____
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## —Reportline Access—

**Report Families: BENEFITS, CARS, CIPPS, FAACS, HEALTHCARE, LEAVE, VRS**

Report Family <i>(See List Above)</i>	Level of Security <i>(Choose only one)</i>	List Reports Here For Security Levels C or D
* _____	<input type="checkbox"/> A. No reports for system <input type="checkbox"/> B. All reports for system <input type="checkbox"/> C. <b><u>ONLY</u></b> listed reports for system <i>Use next column to list reports</i> <input type="checkbox"/> D. All reports for system <b><u>EXCEPT</u></b> listed <i>Use next column to list reports</i>	_____ _____ _____
_____	<input type="checkbox"/> A. No reports for system <input type="checkbox"/> B. All reports for system <input type="checkbox"/> C. <b><u>ONLY</u></b> listed reports for system <i>Use next column to list reports</i> <input type="checkbox"/> D. All reports for system <b><u>EXCEPT</u></b> listed <i>Use next column to list reports</i>	_____ _____ _____
<div style="display: flex; justify-content: space-between;"> <div> <b>Authorized by:</b> _____  <div style="text-align: center; font-size: small;"><i>Signature</i></div> </div> <div>           _____  <div style="text-align: center; font-size: small;"><i>Date</i></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>Entered by:</b> _____  <div style="text-align: center; font-size: small;"><i>Signature</i></div> </div> <div>           _____  <div style="text-align: center; font-size: small;"><i>Date</i></div> </div> </div>		

Continuation Page Attached ? \_\_\_\_ No \_\_\_\_ Yes

**Department of Accounts**  
**ReportLine Request Form—Continuation Page**

<b>Report Family</b> <i>(See List, 1<sup>st</sup> Page)</i>	<b>Level of Security</b> <i>(Choose only one)</i>	<b>List Reports Here For Security Levels C or D</b>
* _____	<input type="checkbox"/> A. No reports for system <input type="checkbox"/> B. All reports for system <input type="checkbox"/> C. <b><u>ONLY</u></b> listed reports for system <i>Use next column to list reports</i> <input type="checkbox"/> D. All reports for system <b><u>EXCEPT</u></b> listed <i>Use next column to list reports</i>	_____ _____ _____
* _____	<input type="checkbox"/> A. No reports for system <input type="checkbox"/> B. All reports for system <input type="checkbox"/> C. <b><u>ONLY</u></b> listed reports for system <i>Use next column to list reports</i> <input type="checkbox"/> D. All reports for system <b><u>EXCEPT</u></b> listed <i>Use next column to list reports</i>	_____ _____ _____
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<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Authorized by: _____</p> <p style="text-align: center;"><i>Signature</i></p> </div> <div style="width: 45%;"> <p>_____</p> <p style="text-align: center;"><i>Date</i></p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Entered by: _____</p> <p style="text-align: center;"><i>Signature</i></p> </div> <div style="width: 45%;"> <p>_____</p> <p style="text-align: center;"><i>Date</i></p> </div> </div>		